

215031934
55228

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 140	Agency Case No. B5-072274	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 08/09/2015		S M T W TH F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY 08/12/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 2245	POLICE NOTIFIED 2246	
B 75	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Jennifer Ct		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C 5	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M 20	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V2/M 20	MILES		N S E W	AND MILES		N S E W OF NEAREST CITY OR TOWN
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b	
F 1	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	
V1/N 1	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
V2/N 1	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
G 2	LICENSE PLATE NO.		0465333		YEAR (Plate Expires)	
H 5	VEHICLE		YEAR	MAKE	MODEL	BODY STYLE
V1/O 5	VEHICLE ID NO. (VIN)		INSURANCE COMPANY		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/O 2	TOWED TO		TOWED BY		POLICY NO.	
I 1	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P 8	DRIVER LEGALLY PARKED		PHONE		LOCAL NO.	
V2/P 8	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER SUSAN J HALSTED		PHONE 402-450-1191		LOCAL NO.	
V1/Q 4	LICENSE PLATE PA NO.		SKW402		YEAR (Plate Expires) 2015	
V2/Q 3	VEHICLE		2011	Toyota	SXM	Mini van
K 01	VEHICLE ID NO. (VIN)		5TDDK3DC5BS015238		INSURANCE COMPANY FARMERS INS CO	
TOWED TO		TOWED BY		POLICY NO. 194067633		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	6 Seat Position	7 Eject	8 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	9 Injury Sev.	10 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	11 Seat Position	12 Eject	13 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	14 Injury Sev.	15 Trans.	SEX M F

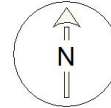
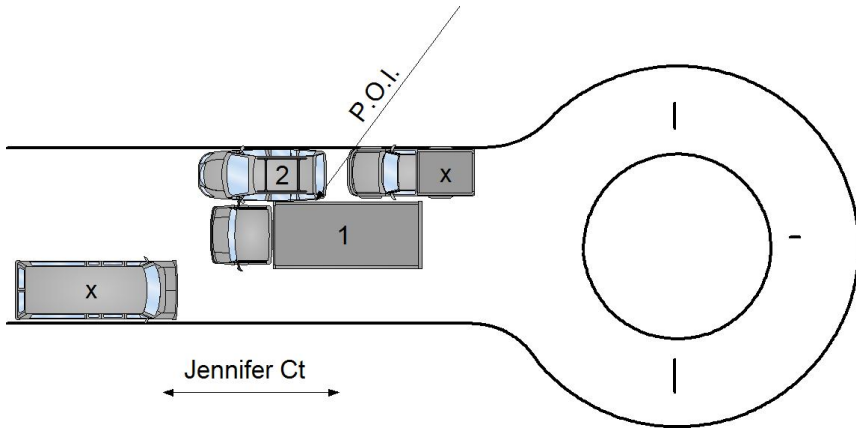
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-072274



Indicate
North
by Arrow



Not To Scale

P.O.I: 125' West of the East curb of
Jennifer Ct (East curb of cul-de-sac)
7' South of the North curb of
Jennifer Ct

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witness heard a collision and looked out of his house to see a U-Haul truck had collided with a parked car on the street. The witness followed the U-Haul truck and observed a H/M approx 25yoa with a shaved head, approx 6'2 170-200lbs. The U-Haul truck left the area and was last observed driving SB on NW 12th St. Witness obtained the license plate number of the U-Haul. Ofc is working with U-Haul to obtain rental info for the veh which bears AZ plate A0465333. Veh2 was observed to have damage on the driver side rear quarter panel, bumper, and tail light.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME NICHOLAS L JONES 1001 JENNIFER CT, LINCOLN, NE 68521				PHONE 402-802-1250
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1				X	JENNIFER CT															
2				X	JENNIFER CT															
1	01				06 Turning left															
2					08 Entering traffic lane															
					09 Leaving traffic lane															
					10 Parked															
					11 Slowing or stopped in traffic															
					12 Other															
					13 Unknown															

OFFICER NO. 1611	TROOP/TEAM/BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chris Howard		INVESTIGATOR SIGNATURE Approved by Officer Chris Howard	
DATE OF REPORT 08/12/2015			